

**STATE OF UTAH  
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE**

**ENVIRONMENTAL HEALTH SCIENTIST or  
ENVIRONMENTAL HEALTH  
SCIENTIST-IN-TRAINING**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information will delay processing and may result in denial of licensure. Please read all instructions carefully.

**Address of Record:** The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address.

**Social Security Number:** Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

**SUPPORTING DOCUMENTS AND FEES:**

**If you are applying for licensure as an Environmental Health Scientist, complete the following in addition to submitting a completed application:**

1. Submit official transcripts documenting graduation from an approved educational program. (*See "Additional Important Information" below.*)
2. Submit the original letter from NEHA documenting your passing score on the REHS/RS Examination.

3. Submit the original letter from DOPL's approved examination provider verifying your passing score on the Utah Law and Rules Examination for Environmental Health Scientists. For examinations taken prior to January 1, 2008, the approved provider was Thomson Prometric; for examinations taken after that date the provider is PSI Examination Services.
4. Submit a **\$60.00** non-refundable application-processing fee, made payable to "DOPL."

**If you are applying for licensure as an Environmental Health Scientist-In-Training, complete the following in addition to submitting a completed application:**

1. Submit official transcripts documenting your graduation from an approved educational program. (See "*Additional Important Information*" below.)
2. Submit an "Environmental Health Scientist - In-Training Supervision Affidavit" form (*attached to this application*).
3. Submit the original letter from DOPL's approved examination provider verifying your passing score on the Utah Law and Rules Examination for Environmental Health Scientists. For examinations taken prior to January 1, 2008, the approved provider was Thomson Prometric; for examinations taken after that date the provider is PSI Examination Services.
4. Submit a **\$120.00** non-refundable application-processing fee, made payable to "DOPL," which includes \$60.00 for the EHS license and \$60.00 for the EHS-in-training license.

**ADDITIONAL IMPORTANT INFORMATION:**

1. **Law and Rules Exam:** Applicants for licensure must pass the Utah Law and Rules Examination for Environmental Health Scientists. Applicants must apply directly to PSI Examination Services at [www.psiexams.com](http://www.psiexams.com) or 1-800-733-9267 to register for the examination.

The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):

- ☐ Division of Occupational & Professional Licensing Act
  - ☐ General Rules of the Division of Occupational & Professional Licensing
  - ☐ Environmental Health Scientists Act
  - ☐ Environmental Health Scientists Act Rules
2. **Current Documents:** Applications, statutes, and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.

3. **Approved Educational Programs:** In order to meet the educational requirements for licensure you must complete one of the following educational programs:
  - ❑ Bachelor's or master's degree from an EHS program accredited by the National Environmental Health Science and Protection Accreditation Council (EHAC).
  - ❑ Bachelor's or master's degree with major study in one of the following: agronomy, biology, botany, chemistry, environmental health science, geology, microbiology, physics, physiology, sanitary engineering, or zoology.
  - ❑ Any bachelor's or master's degree which includes an algebra or math course and 30 semester hours or 45 quarter hours from at least three of the following curriculums: agronomy, biology, botany, chemistry, environmental health science, geology, microbiology, physics, physiology, sanitary engineering, or zoology.
4. **Environmental Health Scientist-In-Training License:** The Environmental Health Scientist-In-Training License is issued for two years and is not renewable. The "In-Training" license permits you to practice under supervision of a licensed environmental health scientist while you are in the process of completing the REHS/RS examination. Upon passing the REHS/RS, you are required to submit documentation of passing the examination in order to receive your license as an environmental health scientist. There is no additional application and fee required at that time.
5. **REHS/RS Examination:** The National Environmental Health Association (NEHA) Registered Environmental Health Specialist/Registered Sanitarian Examination (REHS/RS) is administered by NEHA. For registration and fee information, contact NEHA at 303-756-9090 on on-line at [www.neha.org](http://www.neha.org).
6. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
7. **License Renewal:** All environmental health scientist licenses expires May 31 of each odd-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the license. Renewal information is disseminated to each licensee at the licensee's last known address, as provided to the Division, approximately two months prior to the expiration date shown on the license.

8. **Professional Continuing Education:** Thirty hours (30) of professional continuing education is required for each two-year period commencing on January 1 of each even-numbered year for both the Environmental Health Scientist and the Environmental Health Scientist-In-Training. Individuals licensed during the two-year period are required to complete a pro-rata amount of professional continuing education for the two-year period.
9. **Updating Address Information:** It is your responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.
10. **Name Change:** If you have been licensed by the Division under any other name, please submit documentation of your name change such as a copy of your marriage license or divorce decree.

11. **Mail Complete Application to:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111

12. **Telephone Numbers:** (801) 530-6628  
  
(866) ASK-DOPL – Toll-free in Utah  
(866) 275-3675
13. **Fax Number:** (801) 530-6511

# APPLICATION FOR LICENSURE

## GENERAL INFORMATION

License Applying For: \_\_\_\_\_ Environmental Health Scientist  
\_\_\_\_\_ Environmental Health Scientist-In-Training

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Have You Ever Held A Utah License Before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name of Profession: \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

Gender (*Male or Female*): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## MAILING ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

## ***DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY***

License/Certificate Number: \_\_\_\_\_

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_/\_\_\_\_/\_\_\_\_

Denied By: \_\_\_\_\_

Reason for Denial/Other Comments: \_\_\_\_\_

## PROFESSIONAL EDUCATION:

Answer “yes” or “no.”

\_\_\_\_\_ I have included a copy of my official transcript.

\_\_\_\_\_ I have graduated from an Environmental Health Science program accredited by the National Environmental Health Science and Protection Accreditation Council (EHAC).

\_\_\_\_\_ I have graduated with a bachelor’s or master’s degree with major study in one of the following: agronomy, biology, botany, chemistry, environmental health science, geology, microbiology, physics, physiology, sanitary engineering, or zoology.

\_\_\_\_\_ I have a graduated with a bachelor’s or master’s degree which includes a math or algebra course and 30 semester hours or 45 quarter hours from at least three of the following curriculums: agronomy, biology, botany, chemistry, environmental health science, geology, microbiology, physics, physiology, sanitary engineering, or zoology. If “yes,” complete the following section documenting the math or algebra course and the 30 semester hours or 45 quarter hours of required course work. (*Attach additional pages as needed.*)

1. Name/Course Number: \_\_\_\_\_ Semester/Quarter Hours completed: \_\_\_\_\_
2. Name/Course Number: \_\_\_\_\_ Semester/Quarter Hours completed: \_\_\_\_\_
3. Name/Course Number: \_\_\_\_\_ Semester/Quarter Hours completed: \_\_\_\_\_
4. Name/Course Number: \_\_\_\_\_ Semester/Quarter Hours completed: \_\_\_\_\_
5. Name/Course Number: \_\_\_\_\_ Semester/Quarter Hours completed: \_\_\_\_\_
6. Name/Course Number: \_\_\_\_\_ Semester/Quarter Hours completed: \_\_\_\_\_
7. Name/Course Number: \_\_\_\_\_ Semester/Quarter Hours completed: \_\_\_\_\_
8. Name/Course Number: \_\_\_\_\_ Semester/Quarter Hours completed: \_\_\_\_\_
9. Name/Course Number: \_\_\_\_\_ Semester/Quarter Hours completed: \_\_\_\_\_
10. Name/Course Number: \_\_\_\_\_ Semester/Quarter Hours completed: \_\_\_\_\_

# ENVIRONMENTAL HEALTH SCIENTIST QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any profession licensing agency or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. \_\_\_\_\_ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. \_\_\_\_\_ Have you ever been terminated from a position because of drug use or abuse?
10. \_\_\_\_\_ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

*(Questions continue on following page.)*

11. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
12. \_\_\_\_\_ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
13. \_\_\_\_\_ Have you ever been **arrested for or charged with** a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
14. \_\_\_\_\_ Have you ever been **arrested for or charged with** a felony in any jurisdiction?
15. \_\_\_\_\_ Have you ever pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
16. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
17. \_\_\_\_\_ Have you ever been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
18. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction?

**If you answered “yes” to questions 13, 14, 15, 16, 17, or 18 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

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**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.**



# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

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Utah Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741

## ENVIRONMENTAL HEALTH SCIENTIST IN -TRAINING SUPERVISION AFFIDAVIT

### TO BE COMPLETED BY APPLICANT:

Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### TO BE COMPLETED BY SUPERVISOR:

Name of Supervisor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ EHS License Number: \_\_\_\_\_

Name of Facility where Supervision will occur: \_\_\_\_\_

Facility Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility Telephone Number: \_\_\_\_\_

I hereby certify that I am a licensed Environmental Health Scientist in the state of Utah and that I will provide general supervision to the above named applicant for an Environmental Health Scientist-In-Training license. I understand that I must be available for immediate voice communication and I certify that the above named applicant will be under my supervision while practicing as an Environmental Health Scientist-In-Training and will be in compliance with all Utah laws and rules.

Signature of EHS Supervisor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_